



Fitness and Propriety – Serious Medical Condition/Mental or Physical Impairment/Disability Form for use by applicants, teachers, and holders of a special authority

Additional information required for question 7

Do you have a serious medical condition, mental or physical impairment or disability which (either now or in the proposed term of registration):

- a. *may affect your capacity to discharge all of the duties and responsibilities of a registered teacher safely and competently?*
- b. *may require the provision of special equipment, assistance or arrangements in order to ensure that you can carry out all of the duties and responsibilities of a registered teacher safely and competently?*

As you have answered 'yes' to question 7 of the *Fitness and Propriety* questions, the Teachers Registration Board of South Australia (the Board) needs to make a determination about the extent to which your ability to practise as a teacher or hold a special authority for an unregistered person to teach is, or is likely to be, adversely affected.

Please read through the following information and provide further details on relevant issues, guided initially by the questions on the following pages.

- **A condition/impairment or disability only needs to be disclosed if it is of a serious nature and adversely affects, or is likely to adversely affect, your ability to professionally, competently or safely practise as a teacher. In these circumstances an applicant must disclose to the Board the nature of the serious medical condition, mental or physical impairment or disability.**

These are likely to be medical conditions/impairments or a disability:

- that are permanent, long-term, persistent in nature or constantly recurring, or otherwise long-lasting in their effects; and/or
 - that cause long-term physical or mental incapacity; and/or
 - that require the provision of special equipment, assistance or arrangements in order to ensure that all duties and responsibilities of a registered teacher are carried out safely and competently; and/or
 - in which treatment may not be effective or is not being managed by the individual, medical professionals or the individual's employer, or adjustments/modifications or assistance are not able to be applied to the situation to enable the teacher to practise capably and safely.
- Current alcohol or illicit drug abuse or dependency must be disclosed.
 - It is not necessary, however, to disclose such conditions as, for example, broken bones, hip and/or knee replacements, requirement for use of a microphone, or previously treated illnesses which no longer affect you.
 - The information provided will assist the Board to make a decision as to whether you are a fit and proper person to be registered as a teacher pursuant to section 21, or to hold a special authority for an unregistered person to teach pursuant to section 30 of the *Teachers Registration and Standards Act 2004*.

Please Note: The Board may also require further information from you, in the form of a medical report from your treating general practitioner/specialist, obtained at your own expense, which also addresses the below questions.

Name: _____ Tel: _____

Postal Address: _____

Email: _____

Please provide typed or written responses to the following questions (you may also provide/attach additional information that you think is relevant. For example, a medical report/clearance).

1. Describe the nature and seriousness of your medical condition, impairment or disability.




2. Describe how your medical condition, impairment or disability adversely affects, or is likely to adversely affect your practise as a teacher.



3. Describe the steps you have taken to manage your medical condition, impairment or disability and the effect on your practise as a teacher.



A large, empty rectangular box for writing the answer to question 3.

4. Are you currently employed as a teacher? ( please tick)

Yes No

5. If yes, who is your employer?

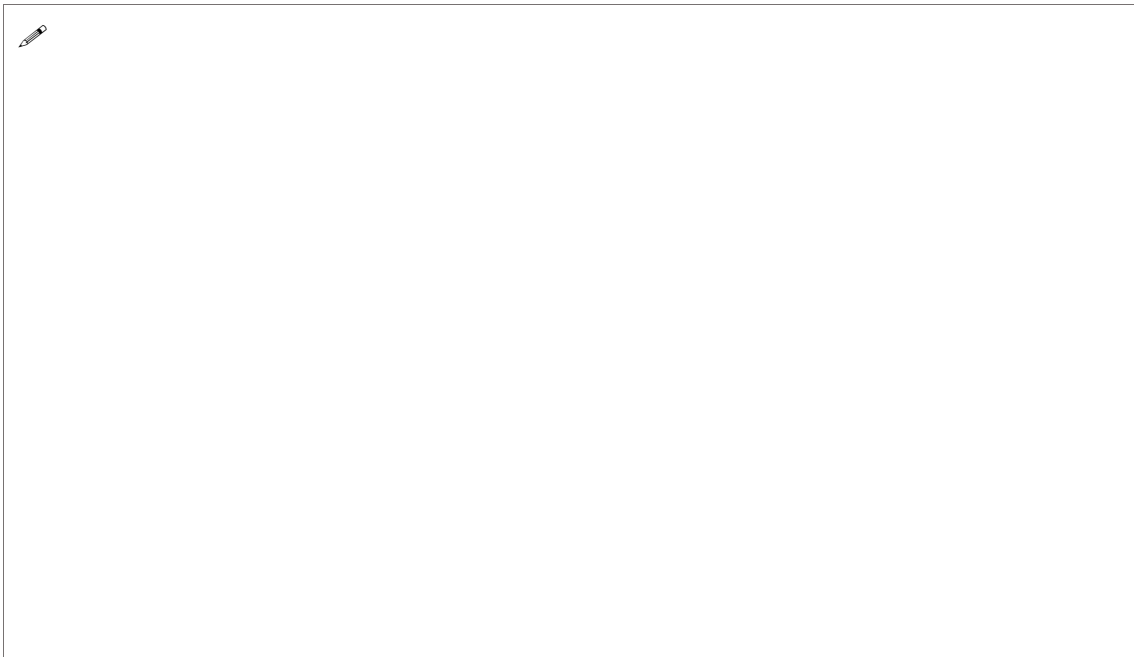


A smaller, empty rectangular box for writing the answer to question 5.

6. Detail the way your condition, impairment or disability will be/is being managed in the workplace.



7. Is there any other relevant information you wish to disclose?



Lodging this form

8. **Please complete this form** and place it in a separate envelope addressed to the Registrar and marked 'Private and Confidential' and post along with your completed application form and other supporting documents.